



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Gholam A. Peyman

Appl. No.: 09/986,141

Filed: November 7, 2001

Title: METHOD OF RESHAPING THE CORNEA BY CONTROLLED THERMAL DELIVERY

Art Unit: 3738

Examiner: D. Shay

Docket No.: 115588-015

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated December 15, 2003 and the Advisory Action dated July 8, 2004, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

09/20/2004 AWONDAF1 00000024 021818 09986141

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AMENDMENT TRANSMITTAL LETTER (Small Entity)

Applicant(s):

Docket No.

115588-015

Application No.

09/986,141

Filing Date

November 7, 2001

Examiner

D. Shay

Customer No.

29180

Group Art Unit

3738

Confirmation No.

Invention:

METHOD OF RESHAPING THE CORNEA BY CONTROLLED THERMAL DELIVERY**COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

☒ Applicant claims small entity status. See 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14 -	24 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	2 -	2 =	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☐ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☒ A check in the amount of **\$440.00** to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **02-1818**
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.


Signature

Dated:

I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

CC: